



LIHBA

Long Island Hispanic Bar Association



YOU CAN SUBMIT YOUR APPLICATION AND PAYMENT ONLINE AT OUR WEBSITE:

<https://www.lihba.org/join-renew-membership/>

2024 MEMBERSHIP APPLICATION

ATTORNEY IN GOOD STANDING (\$125.00):	NEW MEMBER _____	RENEWAL _____
ASSOCIATE MEMBER (Non-Attorney) (\$150.00):	NEW MEMBER _____	RENEWAL _____
NOT-FOR-PROFIT MEMBER (\$100.00):	NEW MEMBER _____	RENEWAL _____
JUDICIAL MEMBER (\$100.00):	NEW MEMBER _____	RENEWAL _____
STUDENT (FREE):	NEW MEMBER _____	RENEWAL _____

AUTOMATIC RENEWAL? YES / NO

PLEASE PRINT CLEARLY AND LEGIBLY

NAME: _____

FIRM/EMPLOYER/ SCHOOL: _____

BUSINESS ADDRESS: _____

TELEPHONE NO.: (_____) _____ - _____ EMAIL: _____

AREA(S) OF PRACTICE (list them in order you want displayed on the LIHBA website):

<input type="checkbox"/> Adoption	<input type="checkbox"/> Alternative Dispute Resolution	<input type="checkbox"/> Administrative Law
<input type="checkbox"/> Banking and Finance	<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Commercial Law
<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Education Law	<input type="checkbox"/> Employment Law
<input type="checkbox"/> Family Law	<input type="checkbox"/> Insurance Law	<input type="checkbox"/> Immigration Law
<input type="checkbox"/> Insurance Law	<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Tax Law

Other: Please Indicate: _____

INDICATE IF YOU WANT THE ABOVE INFORMATION TO APPEAR ON OUR WEBSITE ****This option is open to Active Members, only****: YES / NO

SIGNATURE:

DATE:

E-MAIL COMPLETED APPLICATION TO:

lihbacontact@gmail.com and checks may be mailed to P.O. Box 418, Garden City, NY 11530

Or submit your application and/or payment online at <https://www.lihba.org/join-renew-membership/>